



General Assembly

January Session, 2013

***Raised Bill No. 6517***

LCO No. 3634



Referred to Committee on PROGRAM REVIEW AND INVESTIGATIONS

Introduced by:  
(PRI)

***AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE  
LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS  
COMMITTEE CONCERNING THE INSURANCE DEPARTMENT'S  
DUTIES, MENTAL HEALTH PARITY COMPLIANCE CHECKS AND THE  
EXTERNAL REVIEW APPLICATION PROCESS.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 38a-472d of the general statutes is amended by  
2 adding subsection (c) as follows (*Effective October 1, 2013*):

3 (NEW) (c) The Insurance Department shall prominently display a  
4 link on the department's Internet web site to the Office of the  
5 Healthcare Advocate's Internet web site, along with a statement that  
6 said office can provide health care consumers or their authorized  
7 representatives with free assistance throughout the coverage decision  
8 process.

9 Sec. 2. Section 38a-478l of the general statutes is amended by adding  
10 subsection (e) as follows (*Effective from passage*):

11 (NEW) (e) Beginning with the consumer report card to be

12 distributed not later than October 15, 2013, the commissioner shall  
13 analyze annually the data submitted under subparagraphs (E) and (F)  
14 of subdivision (1) of subsection (b) of this section for statistically  
15 significant differences in such data among the health care centers and  
16 licensed health insurers included in the consumer report card. The  
17 commissioner shall investigate any such differences to determine  
18 whether further action by the commissioner is warranted.

19       Sec. 3. (*Effective from passage*) (a) (1) Not later than September 1, 2013,  
20 the Insurance Commissioner shall submit a report, in accordance with  
21 the provisions of section 11-4a of the general statutes, to the joint  
22 standing committees of the General Assembly having cognizance of  
23 matters relating to insurance and public health on the method the  
24 Insurance Department shall use to check for compliance with state and  
25 federal mental health parity laws by health insurance companies and  
26 other entities under its jurisdiction. In selecting such method, the  
27 commissioner shall examine and assess for fitness the methods set  
28 forth by the United States Department of Labor and URAC, in addition  
29 to any other methods discovered by or brought to the attention of the  
30 Insurance Department.

31       (2) As part of the evaluation process, the commissioner shall hold at  
32 least one public meeting at which stakeholders, including, but not  
33 limited to, relevant state agency personnel, health insurance  
34 companies and the general public, are invited to share their input and  
35 propose other compliance check methods.

36       (b) The report under subsection (a) of this section shall describe and  
37 address the comments shared at the public meeting or meetings,  
38 include an assessment of each potential method examined and append  
39 written comments and suggestions of the Healthcare Advocate.

40       (c) On or before October 1, 2013, the commissioner shall begin such  
41 compliance checks using the compliance check method selected.

42       Sec. 4. Section 38a-478a of the general statutes is repealed and the

43 following is substituted in lieu thereof (*Effective October 1, 2013*):

44 On March first annually, the Insurance Commissioner shall submit a  
 45 report to the Governor and to the joint standing committees of the  
 46 General Assembly having cognizance of matters relating to public  
 47 health and insurance, concerning the commissioner's responsibilities  
 48 under the provisions of sections 38a-478 to 38a-478u, inclusive, 38a-  
 49 479aa, 38a-591a to 38a-591h, inclusive, and 38a-993. The report shall  
 50 include: (1) A summary of the quality assurance plans submitted by  
 51 managed care organizations pursuant to section 38a-478c along with  
 52 suggested changes to improve such plans; (2) suggested modifications  
 53 to the consumer report card developed under the provisions of section  
 54 38a-478l, as amended by this act; (3) a summary of the commissioner's  
 55 procedures and activities in conducting market conduct examinations  
 56 of utilization review companies and preferred provider networks,  
 57 including, but not limited to: (A) The number of desk and field audits  
 58 completed during the previous calendar year; (B) a summary of  
 59 findings of the desk and field audits, including any recommendations  
 60 made for improvements or modifications; (C) a description of  
 61 complaints concerning managed care companies, and any preferred  
 62 provider network that provides services to enrollees on behalf of the  
 63 managed care organization, including a summary and analysis of any  
 64 trends or similarities found in the managed care complaints filed by  
 65 enrollees; (4) a summary of the complaints concerning managed care  
 66 organizations received by the Insurance Department's Consumer  
 67 Affairs Division and the commissioner under section 38a-591g,  
 68 including a summary and analysis of any trends or similarities found  
 69 in the complaints received; (5) a summary of any violations the  
 70 commissioner has found against any managed care organization or  
 71 any preferred provider network that provides services to enrollees on  
 72 behalf of the managed care organization; [and] (6) a summary of the  
 73 issues discussed related to health care or managed care organizations  
 74 at the Insurance Department's quarterly forums throughout the state;  
 75 and (7) a summary of the method used by the department to check for  
 76 compliance with state and federal mental health parity laws by health

77 insurance companies and other entities under its jurisdiction, and  
 78 results of such compliance checks.

79     Sec. 5. (*Effective from passage*) Not later than July 31, 2013, the  
 80 Insurance Department shall request the United States Department of  
 81 Health and Human Services for a determination as to whether, when  
 82 filing a request for an external review or expedited external review as  
 83 set forth in section 38a-591g of the general statutes, a covered person or  
 84 a covered person's authorized representative, as both terms are  
 85 defined in section 38a-591a of the general statutes, may submit (1) a  
 86 copy of the notice of final adverse determination, or adverse  
 87 determination if such covered person has been deemed to have  
 88 exhausted the health carrier's internal grievance process or may file an  
 89 external review or expedited external review pursuant to section 38a-  
 90 591g of the general statutes, or (2) a copy of the covered person's health  
 91 carrier identification card, rather than both. If the United States  
 92 Department of Health and Human Services determines a copy of either  
 93 such notice or such identification card is sufficient for purposes of  
 94 filing an external review or expedited external review, the Insurance  
 95 Department shall comply with such determination. If the United States  
 96 Department of Health and Human Services determines a copy of both  
 97 such notice and such identification card are required, the Insurance  
 98 Department shall include in any guide or materials it provides to  
 99 consumers concerning external review and expedited external review  
 100 processes, a statement that the covered person or the covered person's  
 101 authorized representative may request, free of charge, a copy of the  
 102 notice of final adverse determination or adverse determination or a  
 103 copy of the covered person's health carrier identification card or both  
 104 from the health carrier.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2013</i>	38a-472d
Sec. 2	<i>from passage</i>	38a-478l
Sec. 3	<i>from passage</i>	New section

Sec. 4	<i>October 1, 2013</i>	38a-478a
Sec. 5	<i>from passage</i>	New section

***PRI***      *Joint Favorable*